Surgical Table Base Models:
5890, 5891, 5856

of the Modular Table System (MTS) product line

Work Instruction Number 50603-09

Contact Information:

Date: _____Model/Serial#: _____ Account #: _____

Hospital Name: _____ City & State: _____

Contact Name: _____ Position: _____ Phone: _____

Equipment Location: _____

Service Representative: _____ Service Organization: _____

Service Rep. phone: _____ Home location: _____

Customer contact accepting service: _____ _____ _____

Name please print Signature Date

Service Representative: _____ _____ _____

Name please print Signature Date

Using this report: Please proceed through each step and place an "x" in the "( )" as each item representing **Pass Fail ( ) ( )** criteria is inspected. If a step has failed, please indicate with an "x" and note the reasons in the comments section. If you resolve the failure place an "x" in the "Pass" area and indicate the corrective action again in the comments section. If you are unable to perform any Pass/Fail check, please contact Mizuhosi Technical Services for assistance and circle the check.

Biohazards when servicing equipment: Please take appropriate precautions for servicing potentially biohazard contaminated equipment or working in biohazard surroundings. Please wear protective surgical gloves and long sleeved gowns at all times. If your gloves or protective clothing tears, replace immediately. Have the hospital staff clean the equipment appropriately prior to servicing. Clean your tools that may become contaminated with biohazards prior to placing back in your tool kit for removal from the location. If you suspect biohazards are present do not handle until they have been cleaned.

(If serviced by an outside service organization, the record must be reviewed, signed, and dated by Technical Services Dept. Refer to last page of this document).

Surgical bases covered:

5890 I-base, Retractable

5891 I-base, Fixed

Tools Required:

Stopwatch/timer

Digital Volt Multimeter (DVM) with probe and hook leads

Torque Wrench calibrated to 95 foot/lbs. accurate to +/- 3 ft. lbs at 95 ft.lbs.

Rotation Test Bar

Force Gauge, to 50lbs

Hex Keys (Allen wrenches), ball head, minimum length 4 inch (in): 5/64 in, 5/32 in, 3/16 in, 5/16 in.

Wrench, open-end, 3/8 in.

Measuring tape, 8 foot minimum

Grease, Lithium white multi-purpose

Materials Required:

MTS Base User Guide – NW0108

MTS Base Maintenance and Repair Manual – NW0193

Pass Fail

1. General Overall Condition.

1.1 ☐ ☐ Table base is clean, without signs of hazardous contamination, is consistent with proper care.

Comments: _____

1.2 ☐ ☐ All labels are intact and are legible.

Comments: _____

2. Power Input Inspection.

2.2 ☐ ☐ Power cord with AC plug is free of wear, corrosion, insulation cracks, and plug is properly attached to power cord.

Comments:_____

2.3 ☐ ☐ The table base "ON/OFF" switch / circuit-breaker, is properly attached and splash protector is not torn or pierced. When switched on, green light illuminates.

Comments: _____

3. All Casters Operate Properly.

3.1 ☐ ☐ Casters rotate and roll freely and smoothly full 360 degrees.

Comments: _____

3.2 ☐ ☐ Caster do not shake or have abnormal uniformity.

Comments: _____

3.3 ☐ ☐ Rubber wheels are not worn or damaged.

Comments: _____

3.4 ☐ ☐ Braking casters lock and remain engaged until unlocked.

Comments: _____

3.5 ☐ ☐ Steer casters locks straight parallel to I-Beam and continues to roll.

Comments: _____

4. Retractable Base (5890) Center Beam.

4.1 ☐ ☐ The locking knob locks the center beam from retracting or extending.

Comments: _____

4.2 ☐ ☐ The table base retracts to approximately 53 inches (in.) and extends to approx. 90 in. smoothly, without binding or abnormal noise and without overriding internal stops.
Note: older units may require slight lift at midpoint.

Comments: _____

5. 5. Hand Control.

5.1 ☐ ☐ Hand Control (supplied with coiled air hose) is free of visual damage and buttons are legible.

Comments: _____

5.2 ☐ ☐ Coiled air hose connection to attached hand control is secure, coiled air hose is free of holes, cracks, folds, chafed or kinked areas.

Comments: _____

5.3 ☐ ☐ Hand control storage bracket is secured.

Comments: _____

6. Basic Control. (Confirm table is plug to AC power source and toggle power switch to “ON”, verify green indicator on the main power switch is lit).
Note: The following procedures require either a Jackson Spinal or Imaging Table Top securely positioned at both head and foot ends of the table base.

6.1 ☐ ☐ To Raise the Table, depress the two buttons on the right side of the control with the arrows that point in the "up"direction (Head Up and Foot Up buttons).

Comments: _____

6.2 ☐ ☐ To Lower the Table, simultaneously depress the two buttons on the left side of the control with the arrows that point in the "down"direction (Head Down and Foot Down buttons).

Comments: _____

6.3 ☐ ☐ To Trendelenburg the table, simultaneously depress the button on the left with the arrow that indicates Head Down and the button the right that indicates Foot Up until the desired Trendelenburg angle is achieved.

Comments: _____

6.4 ☐ ☐ To Reverse Trendelenburg the Table, simultaneously depress the buttons on the right with the arrow that indicates Head Up and the button on the left that indicates Foot Down until the desired Reverse Trendelenburg angle is achieved.

Comments: _____

7. Head End Pivot Assembly.

7.1 ☐ ☐ Rotational crossbar with lock handles disengaged, rotates freely.

Comments: _____

7.2 ☐ ☐ "Rotational Friction Control" test. With rotational crossbar near horizontal and handle set with maximum 30 pounds of force to maximum position, use calibrated torque wrench and Rotation Test Bar to apply 95ft/lbs of force. Rotational crossbar remains within +/-3 deg.

Comments: _____

7.3 ☐ ☐ "Rotational Friction Control" Handle matches orientation of "Released" and "Maximum" positions on the pivot assembly label

Comments:_____

7.4 ☐ ☐ "Patient Transfer Safety Lock" meets the following:
Engages easily into rotational crossbar.
Disengages with maximum 30 pounds of force applied.
Handle "rests" into disengaged position.

Comments: _____

Note: If any of the steps in 7.4 fail, it's recommended that disassembly, cleaning and re-lubrication with white lithium grease be performed. Removal of lock handle will give access to the spring-loaded lock pin assembly. Refer to the MTS Base Maintenance and Repair Manual. Repeat steps a, b, and c.

7.5 ☐ ☐ "25 Degree Safety Lock" meets the following:
Engages easily into rotational crossbar.
Disengages with maximum 30 pounds of force applied without binding.
Handle "rests" into disengaged position.

Comments: _____

Note: If any of the steps in 7.5 fail, it's recommended that disassembly, cleaning and re-lubrication with white lithium grease be performed. Removal of lock handle will give access to the spring-loaded lock pin assembly. Refer to the MTS Base Maintenance and Repair Manual. Repeat steps a, b, and c.

7.6 ☐ ☐ Traction Pulley Assy. Pulley rotates freely.

Comments: _____

8. Foot End Pivot Assembly.

8.1 ☐ ☐ Rotational Crossbar rotates freely with lock handles disengaged.

Comments: _____

8.2 ☐ ☐ 'Rotational Friction Control" test. With rotational crossbar near horizontal and handle set with maximum 30 pounds of force, use calibrated torque wrench and Rotation Test Bar to apply 95ft/lbs of force. Rotational crossbar remains within +/-3 deg.

Comments: _____

8.3 ☐ ☐ 'Patient Transfer Safety Lock" meets the following:
Engages easily into rotational crossbar.
Disengages with maximum 30 pounds of force applied without binding.
Handle "rests" into disengaged position.

Comments: _____

Note: If any of the steps in 8.3 fail, it's recommended that disassembly, cleaning and re-lubrication with white lithium grease be performed. Removal of lock handle will give access to the spring-loaded lock pin assembly. Refer to the MTS Base Maintenance and Repair Manual. Repeat steps a, b, and c.

8.4 ☐ ☐ Foot End Slider Assembly moves uniformly in-line to its stops with 15 to 25 pounds of force applied.

Comments: _____

This section is for Technical Services use only.

Reviewed**:** _____ Signature: _____ Date: _____